



Embassy of the United States of America
Corner of United Nations and Independence
PO Box 31617, Lusaka, Zambia
<http://zambia.usembassy.gov>

The U. S. Ambassador's Special Self-Help Program GUIDELINES

Available Free of Charge

OPEN SEASON: no deadline; applications accepted on an ongoing basis

Please read the following guidelines before filling in the application form

The purpose of the Special Self-Help Program (SSH) is to provide small-scale assistance to Zambian organizations as part of an ongoing commitment by the U.S. government to support Zambian-driven development activities on a local level. This program is highly competitive. In order to be considered, applicants should adhere to the following criteria:

1. A project should help improve basic economic or social conditions at the local community or village level, and have long-lived value. A successful proposal should also demonstrate the likelihood that it will be sustained over a long period.
2. A project is to be of a high-impact nature, benefiting the greatest number of people possible with any one single activity. Projects which directly benefit only a very limited number of people are discouraged.
3. The project must not replace or supplement activities normally supplied by the host government, such as building classroom blocks for a government school, providing supplies for a district hospital, etc.
4. Substantial community participation in activity is required. Contributions may include labor, materials (bricks, sand, gravel, seeds, etc.), land, buildings, or money to ensure the success of the project.
5. Funding is limited to one project, which, once started, can be completed within ten (10) months or less. Grantees should recognize that funding is on a one-time basis only.
6. Projects must be within the community's ability to maintain and operate. Requests for large-scale agriculture or construction projects or for expensive equipment will not be priority projects.
7. Managers of a project should have evidence that they are financially responsible and will be able to account for any funds sent to them. Having a bank account, or establishing credit with vendors, are examples of such evidence.
8. The requested amount for implementing activities must be reasonable and cannot exceed the maximum of US\$25,000. Project budgets generally range from US\$ 500 to US\$15,000.

The Special Self Help fund cannot be used for:

1. A project activity that is not clearly identified and described.
2. Renovation projects.
3. Revolving loan projects.
4. Projects that are partially funded by another donor or from the Government of Zambia.
5. More than one project for any organization.
6. Continuing former USAID projects.

7. Religious or military activities, as well as projects related to police, prisons, or other law enforcement.

Note: The U.S. Embassy will not provide funding for the following items:

- Any recurring operating costs such as rent, salaries, administrative or operating costs, petrol or other fuels, animal feed, ongoing training/educational needs, etc.;
- Pesticides, fungicides, and herbicides;
- Personal training, education or travel, unless directly related to project;
- Vehicles as forms of transportation;
- Surveillance equipment;
- Office equipment or supplies, such as duplicating machines and computers;
- Weather modification equipment;
- Land or buildings;
- Equipment or uniforms for a national sports team or dance group;
- Printing information material;
- Abortion equipment or services; and
- Luxury goods or gambling equipment.

Response to proposals:

Due to the high volume of proposals, **applicants will be notified ONLY IF THEY HAVE BEEN SELECTED FOR FUNDING. We will not notify an applicant or group unless a project is selected.** Please ensure that your contact information (addresses, names, phone numbers, etc.) is correct. Application forms and materials will **NOT** be returned to you so please keep a copy for your own records and do not send original documents that you would like returned.

General Time table: Applications may be received at any time during the year. Because the funding cycle is unpredictable, applications will be viewed in whatever cycle they are received.

Review process: The small grants coordinator conducts a preliminary review; presents finalists to the board of committee for final review and selection, followed by the second phase of review that includes site visits. During this time, the coordinator works with potential grantees on finalizing the activities and budget. Please note that these exercises do not guarantee funding, as some groups may fail to comply with all the requirements.

Final stage: Based on the findings, the coordinator makes final recommendations to the committee. Upon the committee's approval, a list of new grantees is formed. Agreements are then signed and grants awarded.

Last reminder: Before submitting your application, please take the time to review the application thoroughly.

If this form is incomplete—if all of the questions have not been answered—or if required attachments are not included, the application will not be forwarded to the review committee and your project will be rejected, regardless of merit.

Thank you.

Patricia Madigan
Program Coordinator

NOTE: *If your organization is seeking funds to support HIV/AIDS related activities, such as providing food to orphans and vulnerable children, training caregivers to people living with HIV/AIDS, or conduct workshops on prevention, this is NOT the program for you. Instead, please see the Ambassador's PEPFAR (President's Emergency Plan for AIDS Relief) Small Grants Program or contact the coordinator of that program at 250-955x2391.*



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The U. S. Ambassador's Special Self-Help Program APPLICATION

Available Free of Charge
Open Season: applications accepted on an ongoing basis

For office use only

| <i>Rec'd on</i> | <i>Resp. Sent on</i> |
|-----------------|----------------------|
| | |

1. Organization Name:

(Please attach *registration* documentation, if registered, but do NOT attach organization constitution.)

Founded on (date):

Where (City/Town) located: (Province):

2. Activity for which funding is sought: Please tell us exactly what you want the money for. Examples: "To build a 3-classroom school", "to develop an income-generating activity such as...", etc. (Do NOT attach any project proposals!)

.....

.....

3. Request: Please note the total amount (in Zambian kwacha) you are requesting from the Special Self-Help Fund.

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4. Contact Information: This person would serve as the **Project Manager**, responsible for obtaining invoices, receipts, materials, receiving funding, coordinating the work, and seeing that the project is completed on time. (Do NOT attach CV or copy of Zambian ID.)

Name (First, Last) Telephone #1:

Post Address-PO Box, P/Bag, Plot, City/Town: Fax number:

..... Email:

(If any contact information changes, you must inform the small grants office in writing; failure to keep current contact information on file may result in missed funding opportunities.)

5. The Project

A. **Beneficiaries:** Who will *immediately and directly benefit* from your project? How many people?

Men Women Children (age 0-18).....

B. **Where** will this activity take place? (City/Town): (Province):.....

C. **Infrastructure requirements:** Land..... Building..... Both..... Neither.....

- Do you own, or have user rights to the above land/building? Yes..... No.....
- (If yes, please attach documentation of land/building ownership or user rights; if no, how will you obtain these rights?
- Is electricity necessary to your project? Yes..... No.....
- If yes, how far is it from project site?
- How will it be paid for?.....
- Is water necessary to your project (required for schools, clinics, animals, etc.)? Yes..... No.....
- What is the source (tap, borehole)?
- Is it consumable? Yes No
- How far is it from project site?
- How will it be brought to the site?
-
- If a cost is involved, how will it be paid for?
- Toilets are required for schools and clinics. How will they be provided?
-

Special requirements: be sure to include the following with your application (copies, not the original):

- ❖ Clinic Requirements: 1.) **Statement** that a non-government health organization is committed to providing appropriate staff. 2.) **Recognition letter** from the Ministry of Health or Provincial Health Officer.
- ❖ Road/Bridge construction requirements: **Approval** from district council/local government, and documents which clarifies whether or not the proposed area is under **Government of Zambia** or **ZESCO** jurisdiction.
- ❖ All construction projects requirement: **Building plan** with dimensions.

D. Are there any environmental issues related to your project such as run-off, clearing or conversion of land, etc? Yes..... No.....

- If yes, what is the issue?
.....

- Have you received consultation regarding the environment issue? Yes..... No

Please explain:.....

E. **Project Concept:** How did the community or your organization get the idea for this project? Please attach documentation of community support, such as signatures of endorsement, minutes from community meetings with attendance list, etc.

.....

F. **Project Maintenance:** If funds requested are for machines (i.e. sewing machine, etc.), who (from the community) will maintain the equipment? What are their qualifications?

Name:

Qualifications:

G. **Community contribution** is required. What contribution will the community make to this project?

- Labor: Yes....No..... If yes, how many people? What kind of work?

.....

- Equipment: Yes....No..... Describe:.....

.....

- Materials: Yes....No..... Describe:.....

.....

- Money: Will the community raise money toward this project and, if yes, how much?

.....

H. Has **this project** already received labor, materials, or funds from other sources, including other grants programs? Yes..... No..... explain:

- Have you applied elsewhere for this project? Yes..... No

Explain:

- Has your organization ever received (labor, materials, or funds) from other sources, including other grants programs of the U.S. government? Yes..... No.....

If yes to this question, please explain:

Donor: When:

Donor: When:

I. **Finances:** Total amount requested from the Self Help Program ZK

*Provide an itemized budget for this amount. Please include the quantities and costs in ZK of each item. **Do not attach invoices/proformas or additional pages.**

| Item | Quantity | Unit Price | Total |
|-------|----------|------------|-------|
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- **Viability of Income Generating Projects** (Please continue to the next section if not applicable.)

- Where will you sell your products?

- Who will buy them?

| Item | Quantity | Unit Price | Total Price |
|-------|----------|------------|-------------|
| | | | |
| | | | |
| | | | |

Total monthly sales estimate: ZK.....

- What are the **monthly running costs**, such as electricity and transportation, associated with your activity? Please list all items and their associated costs.ZK.....

.....

What will be the net income/profits generated? ZK.....

(Total sales minus total running costs) ZK

How will you use these profits?

Percentage (%)

Purpose

.....

.....

.....

Total 100%

J. Application attachments:

- a) **Map to site.** A detailed drawing or a map with landmarks is required and should be drawn on the back of this page. Be sure to note below the kilometers from the nearest large town to the site (Example: '125Km east of Lusaka on the main road') and be very specific.
- b) **References:** Please list three (3) references and provide a letter from each of them. All references for the project coordinator and/or the organization must:
- Identify their relation to the project coordinator and/or the organization.
 - Cite specific examples that confirm the project coordinator and/or the organization and validate an ability to organize and manage the project.
 - Attach the letters with this application.

Reference/Name 1:.....

Reference/Name 2:.....

Reference/Name 3:.....

Your name (print):

Signature:

Date:

Applicant Check List

Make sure that you have attached or included the following documents. Please write the **BOLD** words on top of the corresponding attachments.

- 3 letters of reference (**REF 1, REF 2, & REF 3**) required for all applications.
- **Map** drawn on back side of this page, required for all applications.
- Documentation on **land/building** ownership or user rights, if applicable.
- Evidence of **community** support, required for all applications.
- Check under Section C "**Special requirements**". Attach all relevant documents.

Do **NOT** attach the following:

- Constitution of organization.
- Project proposals.
- Invoices/proformas.
- CVs or copies of Zambia national I.D.s.
- Photos.
- Any other unrequested information.
- Original information you may want returned.